

SOUTH DAKOTA DIVISION OF INSURANCE

445 East Capitol
PIERRE, SOUTH DAKOTA 57501
PRODUCER LICENSING: 605-773-3513
www.state.sd.us/insurance

PRODUCER OR BUSINESS ENTITY MULTI APPOINTMENT FORM

APPOINTING INSURANCE COMPANY – TYPE NAME & ADDRESS

COMPANY NAIC # _____

PRODUCER APPOINTMENTS: IDENTIFY RESIDENT OR NON-RESIDENT. TOTAL FEES AND SUBMIT ONE CHECK ACCORDINGLY.

_____ LAST NAME	_____ FIRST	_____ SS#	_____ RES \$10	_____ NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	_____ RES \$10	_____ NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	_____ RES \$10	_____ NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	_____ RES \$10	_____ NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	_____ RES \$10	_____ NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	_____ RES \$10	_____ NON-RES \$20

BUSINESS ENTITY APPOINTMENTS: PLEASE NOTE – BUSINESS ENTITY APPOINTMENTS WILL NOT BE APPROVED UNLESS THIS APPOINTING INSURER HAS APPOINTED THE PRODUCERS WITHIN THE BUSINESS ENTITY.

_____ BUSINESS ENTITY NAME	_____ SD LICENSE #	_____ RES \$10	_____ NON-RES \$20
_____ BUSINESS ENTITY NAME	_____ SD LICENSE #	_____ RES \$10	_____ NON-RES \$20
_____ BUSINESS ENTITY NAME	_____ SD LICENSE #	_____ RES \$10	_____ NON-RES \$20

This company is appointing for all qualifications for which the appointees are properly licensed in the State of South Dakota. I certify that the company is responsible to assure the appointee only sell insurance products for which he/she is properly qualified for in the State of South Dakota.

NAME OF AUTHORIZED COMPANY PERSONNEL

DATE

FAX #

MAIL ADDRESS

PHONE #

SD/APPT--REV: 7-2001-